

Item:

**PLANNING & COMMISSIONING COMMITTEE
MEETING HELD ON 4 FEBRUARY 2022
CHAIR'S UPDATE REPORT**

INTRODUCTION

This is the Chair's report to the Clinical Commissioning Group Board following the February Committee.

PRIMARY CARE REBATE OFFER NHS HULL CCG - METHADONE HYDROCHLORIDE (PHYSEPTONE)

This rebate offer has been independently considered by PrescQIPP and by North of England Commissioning Support medicines optimisation team.

An overview of each scheme is detailed below:

- Methadone Hydrochloride (Physeptone)
- The rebate is for 2 years
- Ethypharm have adopted the PrescQIPP standard terms and conditions
- There is a 3-month notice period for the commissioner and a 12-month notice period for the supplier.
- Payments are made on a quarterly basis

Approximate rebate value per 12 months

£95,723 based on November 20 to October 21 prescribing spend of £231,278.

The Consultant in Public Health Medicine and Associate Medical Director queried if the prescription costs for substance misuse sat within the public health commissioning area how much NHS Hull CCG would be contributing. The Deputy Chief Finance Officer advised that NHS Hull CCG would initially pay for the substance and then recharge CGL.

A wide and varied conversation took place, and it was agreed that the Substance Misuse Commissioner would be linked into a further discussion to ascertain who would benefit from the rebate monies.

PLANNED CARE – COMMUNITY DIAGNOSTIC HUBS

Professor Mike Richards was asked by the government to review the diagnostics cost of country. Two key actions were identified, one being that all diagnostics in secondary care should be no older than five years, the second one being that elective diagnostic be pulled out of hospitals and delivered in a community diagnostic hub/spoke.

It was noted that when established the Community Diagnostic Hub would drive a wholesale change in how diagnostics are delivered.

It was also noted that each ICS had to submit a single proposal for consideration, at present this was an outline business case which is due by the end of the 2022 financial year, setting out a high-level view of what will be commissioned.

Committee Members were advised that a significant piece of communication and engagement work would be undertaken across NHS Hull CCG to ensure all PCNs, collaboratives across the ICS and providers are fully sighted and involved in the establishment of the Community Diagnostic Hub/spokes.

It was acknowledged that there would be hub within central Hull close to all the different transport networks, therefore accessible to all patients. Filtering out from the hub would be a network of spokes across Hull & ERY that would offer a range of services more bespoke to local populations.

It would be proposed that Hull had 1 spoke that would be a frailty spoke at the Jeans Bishop Centre as there was capacity at the site. East Riding were proposing to have 4 spokes across their patch.

It was stated that at present it was unknown what the PCNs in Hull would like to offer as a number of services which are potentially being implemented in spokes PCNs now or may wish to offer. It was acknowledged that one outcome of the planned discussions would be to determine what PCNs would offer as this would influence what goes into the hub/spokes and enable PCNs/GPs to have a clear voice..

The diagnostic model would be looked at in two ways, one being the speciality pathway and the other being the symptomatic pathway, further discussions are taking place with the collaboratives to agree the pathways.

It was acknowledged that pulling diagnostics away from HUTHT could destabilise the acute Trust therefore a large amount of work would have to be undertaken to establish what was the minimum number of diagnostics that needs to stay within the Trust.

The Deputy Director of Commissioning advised that the largest risk of establishing Hubs was workforce and having diagnostic kit that was not being used due to lack of staff. The Hub would take approximately 3 - 4 years to be established therefore allowing time to try and increase training places to provide additional qualified staff.

The Vice Chair asked whether mental health services would be placed within the Hub/spokes The Deputy Director of Commissioning advised that initial discussions are taking place as if hubs/spokes are undertaking purely diagnostics there would be limited mental health input however if hubs/spokes are to be one stop shops then mental health services would be required to be present.

It was noted that work is being undertaken around children's diagnostic requirements.



Vincent Rawcliffe
Clinical Chair, Planning and Commissioning Committee
February 2022